

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SER' NO. 09/351,051 FILING DATE 7-10-99  
APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		1	IND.	DEP.	IND.	DEP.	IND.	C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1'	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7	/						57							
8		/					58							
9		/					59							
10		/					60							
11	/						61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19		/					69							
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39							89							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL INC.							
TOTAL DEP.	17													
TOTAL CLAIMS	20						TOTAL DEP.							